

NEVADA GAMING COMMISSION  
**Operator Of A Slot Machine Route**  
**Annual License Fee Report**

This report, together with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed PRIOR to the issuance of a new license; PRIOR to the commencement of operations; and ON or BEFORE December 31 for the ensuing calendar year.

**For Calendar Year**

**Filing Deadline:**

Account No., Name, Address, Zip Code

For Office Use Only

Please correct if in error
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Check Number \_\_\_\_\_

Batch Number \_\_\_\_\_

Entry Date \_\_\_\_\_

### INSTRUCTIONS

#### Please Read Carefully Before Completing This Form

- A. All licenses shall be issued for the calendar year beginning January 1 (and **expiring December 31**), and regardless of the date of application or date of issuance of the license, the fees to be charged and collected under the provisions of NRS 463.3855 shall be those fees fixed as an annual license fee.
- B. The commission shall charge and collect \$500 for the issuance or renewal of each license.

#### PLEASE COMPLETE THE FOLLOWING:

Line 1 Application for the issuance or renewal of a Operator of a Slot Machine Route license (\$500),..... \$ \_\_\_\_\_

Line 2 Penalty for late filing (\$125) NRS 463.270(5),..... \_\_\_\_\_

Line 3 REMITTANCE DUE (Total of Line 1 and Line 2 above),..... \$ \_\_\_\_\_

Please make remittance payable to: **NEVADA GAMING COMMISSION**

Return to the State Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004

Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000.00 or more must be sent electronically.

I, \_\_\_\_\_, certify and declare under the penalties of perjury that I am the \_\_\_\_\_ of the business named above; that this is a true, correct and complete report (Owner, Partner, President, Treasurer, Other-describe) to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated \_\_\_\_\_

Signed \_\_\_\_\_

Person to contact regarding this report:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS**